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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
747 52nd Street

City or town, state or country, and ZIP + 4
Oakland, CA 94609

D Employer identification number
94-0382330

E Telephone number
(510) 428-3138

G Gross receipts $ 401,240,656

F Name and address of Principal Officer
BERTRAM H LUBIN
747 52nd Street
Oakland, CA 94609

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www childrenshospitaloakland org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1912 | M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

The mission of Children's Hospital & Research Center at Oakland is to ensure the delivery of high quality pediatric care for all children through regional primary and subspecialty networks, a strong education and teaching program, a diverse workforce, nationally recognized research programs and child advocacy efforts

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	3,050
6	Total number of volunteers (estimate if necessary)	6	841
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	10,930,400	12,723,319
9	Program service revenue (Part VIII, line 2g)	359,839,423	380,149,904
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,976,005	1,178,327
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	911,823	-9,029
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,657,651	394,042,521
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,549	690,450
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	222,152,524	235,144,435
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	151,173,156	175,391,276
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	373,355,229	411,226,161
19	Revenue less expenses Subtract line 18 from line 12	302,422	-17,183,640

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	296,760,830	291,850,543
21	Total liabilities (Part X, line 26)	197,310,865	245,376,013
22	Net assets or fund balances Subtract line 21 from line 20	99,449,965	46,474,530

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2009-11-19
Signature of officer | Date

BERTRAM H LUBIN President/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Moss Adams One CAlifornia Street Fourth Floor San Francisco, CA 94111			EIN ▶ Phone no ▶ (415) 956-1500

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 42,703,944 including grants of $) (Revenue $ 119,095,608)

The Hematology/Oncology department at Children's Hospital & Research Center Oakland is at the forefront of treatment and research, developing and evaluating treatments that offer the best opportunities for survival and preservation of quality of life We provide access to all diagnostic and treatment methods available, including the option to participate in clinical trials using experimental therapies Our goal is to provide state-of-the-art care in a warm and supportive environment that includes ongoing direct communication with the primary care physician Our comprehensive services include programs for hemophilia, thalassemia, and sickle cell disease Our sickle cell program is the largest in the western United States and includes adult patients We also have programs in neuro-oncology, thrombophilia, stem cell transplantation, and bone marrow transplantation The Hematology/Oncology department has its own 25-bed inpatient unit with private, air-filtered isolation rooms A 20-bed day-use transfusion and chemotherapy unit in Children's Outpatient Center includes a pheresis program and a bone marrow transplantation unit

4b (Code) (Expenses $ 27,823,624 including grants of $) (Revenue $ 70,173,464)

Neonatology - The Neonatology Newborn Intensive Care Unit (NICU) at Children's Hospital & Research Center Oakland provides highly-specialized intensive care to critically ill and premature newborns Our intensive multidisciplinary and specialist care treatment team is perhaps the biggest reason for our success Each NICU patient and family receives the full attention of the NICU team of pediatric medical experts, including neonatologists, neonatal nurse practitioners (NNPs), nurses, respiratory therapists, social workers, and developmental specialists Their collaboration ensures comprehensive care and monitoring or support of vital functions beyond that available in the general pediatric unit or community hospital The Newborn Intensive Care Nursery is a 47-bed, family-centered, regional referral center for neonatal intensive care Board certified neonatologists are in the hospital 24 hours a day, 7 days a week Parents are welcome to visit any time This multidisciplinary medical team works closely with the entire range of Children's pediatric sub-specialty services

4c (Code) (Expenses $ 19,873,725 including grants of $) (Revenue $ 59,140,625)

The Pediatric Cardiac Center at Children's Hospital & Research Center Oakland provides comprehensive diagnostic, therapeutic, interventional, surgical and follow-up services for children with all types of heart disease from before birth to age 18, long-term patients are followed up to age 21 Our surgeons perform successful open-heart surgeries on children of all ages, including babies with hearts as small as a strawberry or walnut Seven pediatric cardiologists and three pediatric cardiac surgeons lead the center with support from a dedicated, specially trained team that helps children and their families cope with the social and emotional impact of congenital heart disease A social worker, an outpatient cardiology nurse and a team of clinical nurse specialists provide counseling and information about caring for children with cardiac disorders The center offers a pacemaker clinic, performs an average of 200 cardiac catheterizations each year, and implants atrial septal devices (ASD) via catheterizations to block a small opening or hole in a child's heart We also see about 5,500 patient visits a year at our specialty care offices

(Code) (Expenses $ 215,981,326 including grants of $ 690,450) (Revenue $ 127,819,067)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 306,382,619 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	367		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,050		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Colleen Reid
747 52ND STREET
OAKLAND, CA 94609
(510) 428-3467

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK TIEDEMANN , PRESIDENT & CEO	40 00	X		X				649,661	0	149,803
Jeffrey Cheung , Vice Chairman	2 00	X		X				0	0	0
Arthur D'Harlingue MD , Board Member	1 00	X		X				0	0	0
Harold Davis , Chairman	5 00	X		X				0	0	0
Arnold Gnsham , Board Member	1 00	X						0	0	0
James Keefe , Treasurer	2 00	X		X				0	0	0
Watson Laetsch PHD , Board Member	1 00	X						0	0	0
Michael Lenoir MD , Board Member	1 00	X						0	0	0
Barbara May , Secretary	2 00	X		X				0	0	0
Melba Muscalrolas , Board Member	1 00	X						0	0	0
Barbara Staggers MD , Pres Med Staff	1 00	X						0	0	0
Karen Stout , Board Member	1 00	X						0	0	0
Gene Upshaw , Board Member	1 00	X						0	0	0
Harold C Warner PhD , Board Member	1 00	X						0	0	0
pAMela FRIEDMAN , SR VP/CAO BayChildren's	40 00			X				531,240	0	4,648
DOUGLAS T MYERS , SR VP CFO/COO	40 00			X				492,258	0	25,178
B Bradley BARBER , sr Vp fndn & cDO	40 00				X			286,847	0	24,399
George S BRIETIGAM , DIR CAPITAL PROJECTS	40 00				X			221,336	0	31,823
mARY DEAN , SR VP/Chief Strategic De	40 00				X			412,526	0	14,975
carolyn DOSSA , vp quality	40 00				X			196,060	0	28,782
Jacquelyn Garman , vp general counsel	40 00				X			323,408	0	25,792
Ernest james grosskopf , DirectoR	40 00				X			182,067	0	29,933
JOHN HARDY , VP HUMAN RESOURCES	40 00				X			161,357	0	24,740
wILLIAM JACKSON , VP New Products	40 00				X			218,908	0	21,619
DONALD LIVSEY , VP & CIO	40 00				X			317,679	0	38,837
bERTRAM H LUBIN , SR VP RESEARCH	40 00				X			489,267	0	24,083
LAWRENCE MACK , VP & CAO, BCP	40 00				X			249,461	0	7,338
VIPUL N MANKAD , Chief Medical Officer	40 00				X			608,402	0	9,102
NANCY SHIBATA RN , VP NURSING & CNE	40 00				X			262,252	0	37,373
Diane Adair , DiR PATIENT FINANC	40 00				X			198,715	0	29,795
ANN ALTAFFER , DIR SURGICAL SERVICES	40 00				X			191,273	0	29,232
pATRICK FLEMING , dir pharmacy services	40 00				X			176,152	0	37,294
Kathleen Gonzalez , VP CHORI	40 00				X			245,843	0	30,148
JAYSHREE MERCHANT , dIR OF CLINICAL LAB	40 00				X			166,088	0	27,381
COLLEEN REID , CONTROLLER	40 00				X			186,146	0	38,094
ALEXANDER H LUCAS , Deputy Dir Med Rsrch	40 00					X		266,247	0	40,016
DAN M GRANOFF , Senior Scientist	40 00					X		263,032	0	27,491
JAMES SULLIVAN , Lead Echo Technician	40 00					X		251,481	0	34,213
BRENDAN S MURRAY , Echo Technician	40 00					X		247,722	0	38,534
PIETER DE JONG , Scientist	40 00					X		237,168	0	42,175

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								8,032,596	0	872,798

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 451

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Pediatric HematologyOncology 3732 MT DIABLO BLVD STE 358 Lafayette, CA 94549	physician group	2,832,790
PEDIATRIC IMAGING ASSOC 66 LA SALLE AVE PIEDMONT, CA 94611	PHYsician group	2,668,173
CHILDREN'S ANESTHESIA MEDICAL GROUP 747 52nd Street OAKLAND, CA 94609	physician group	2,533,932
PEDIATRIC SURGICAL ASSOCIATES 747 52nd street ste 4100 oakLAND, CA 94609	Physician group	1,857,691
CHILDREN'S NEUROLOGICAL ASSOC 747 52nd Street oakLAND, CA 94609	Physician group	996,541

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 44

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,594,072			
	e	Government grants (contributions)	1e	4,129,247			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)**		12,723,319			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REV	900,099	315,535,819	315,535,819		
	b	RESEARCH GRANTS REV	900,099	53,715,854	53,715,854		
	c	OTHER OPERATING REV	900,099	10,898,231	10,898,231		
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 380,149,904					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		1,066,035			1,066,035
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		95,695			95,695
			(i) Real	(ii) Personal			
	6a	Gross Rents	584,725				
	b	Less rental expenses	649,883				
	c	Rental income or (loss)	-65,158				
	d	Net rental income or (loss)		-65,158			-65,158
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	6,495,542				
	b	Less cost or other basis and sales expenses	6,383,250				
	c	Gain or (loss)	112,292				
	d	Net gain or (loss)		112,292			112,292
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 164,059				
	b	Less cost of goods sold	b 165,002				
	c	Net income or (loss) from sales of inventory		-943			-943
		Miscellaneous Revenue	Business Code				
	11a	Income from K-1s	900,099	-38,623			-38,623
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d** $ -38,623					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		394,042,521	380,149,904	0	1,169,298

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	685,900	685,900		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,550	4,550		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,457,315	511,625	6,945,690	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	175,667,055	142,758,977		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,951,166	10,812,239	3,138,927	
9	Other employee benefits	24,646,908	19,282,946	5,363,962	
10	Payroll taxes	13,421,991	10,617,545	2,804,446	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,057,883	1,041,052	2,016,831	
c	Accounting	279,414	51,000	228,414	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	42,667,648	41,044,584	1,623,064	
12	Advertising and promotion	151,400		151,400	
13	Office expenses	51,289,391	41,793,511	9,495,880	
14	Information technology	4,072,468		4,072,468	
15	Royalties				
16	Occupancy	4,559,505	1,074,356	3,485,149	
17	Travel	993,206	802,358	190,848	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	172,366	117,316	55,050	
20	Interest	4,270,179		4,270,179	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,215,467	1,781,937	12,433,530	
23	Insurance	2,315,964	2,076,710	239,254	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Other Purchased Service	27,203,400	19,626,621	7,576,779	
b	provision for bad debt	12,299,392	12,299,392		
c	Impairment of long-live	7,843,593		7,843,593	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	411,226,161	306,382,619	104,843,542	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	30,580
	2	Savings and temporary cash investments		15,116,847	2	24,568,456
	3	Pledges and grants receivable, net		11,205,310	3	10,649,852
	4	Accounts receivable, net		57,974,967	4	71,700,171
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		141,401	5	102,067
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		370,000	7	590,000
	8	Inventories for sale or use		3,327,952	8	3,535,427
	9	Prepaid expenses and deferred charges		3,054,678	9	3,148,760
	10a	Land, buildings, and equipment cost basis	10a 326,054,776			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 162,140,526	155,428,844	10c	163,914,250
	11	Investments—publicly traded securities		43,583,862	11	7,539,658
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		6,556,969	15	6,071,322
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		296,760,830	16	291,850,543
Liabilities	17	Accounts payable and accrued expenses		46,846,052	17	53,346,548
	18	Grants payable			18	
	19	Deferred revenue		7,512,471	19	8,188,994
	20	Tax-exempt bond liabilities		90,100,000	20	90,100,000
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		52,852,342	25	93,740,471
	26	**Total liabilities.** *Add lines 17 through 25*		197,310,865	26	245,376,013
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		92,867,503	27	40,587,668
	28	Temporarily restricted net assets		6,582,462	28	5,886,862
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		99,449,965	33	46,474,530
	34	Total liabilities and net assets/fund balances		296,760,830	34	291,850,543

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

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If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	94-0382330

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	94-0382330

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	140,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,428,542	
c Total lobbying expenditures (add lines 1a and 1b)	1,568,542	
d Other exempt purpose expenditures	409,657,619	
e Total exempt purpose expenditures (add lines 1c and 1d)	411,226,161	
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	568,542	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☑ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	328,875	335,000	1,430,435	1,568,542	3,662,852
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	180,000	155,000	120,000	140,000	595,000

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,668,700		8,668,700
b Buildings		216,343,041	107,541,973	108,801,068
c Leasehold improvements				
d Equipment		87,649,831	52,801,808	34,848,023
e Other		13,393,204	1,796,745	11,596,459
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				163,914,250

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Liability for Pension Benefits	71,854,205
Estimated third party payor settlements	1,561,008
Intercompany payable	1,916,216
Line of Credit advance	10,000,000
Accrued MalPractice Liability	3,416,042
Accrued Workers Comp Liability	4,993,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	93,740,471

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	394,042,521
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	411,226,161
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,183,640
4	Net unrealized gains (losses) on investments	4	-14,921
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-35,776,874
9	Total adjustments (net) Add lines 4 - 8	9	-35,791,795
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-52,975,435

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	360,319,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-14,921		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-33,747,866		
e	Add lines **2a** through **2d**			2e	-33,762,787
3	Subtract line **2e** from line **1**			3	394,082,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-39,566		
c	Add lines **4a** and **4b**			4c	-39,566
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	394,042,521

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	413,294,900
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	2,754,632		
e	Add lines **2a** through **2d**			2e	2,754,632
3	Subtract line **2e** from line **1**			3	410,540,268
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	685,893		
c	Add lines **4a** and **4b**			4c	685,893
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	411,226,161

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

Part XIV Supplemental Information *(continued)*

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Children's Hosp & Research Ctr Oakland 747 52nd Street Oakland, CA 94609	X		X	X		X	X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL & RESEARCH CENTER Foundation2201 BROADWAY STREET Suite 600 Oakland, CA 94612	94-1657474	501(c)(3)	685,900				Intercompany Transfer

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The hospital transfers funds to the Foundation The funds are entered into their database of donations/grants Upon request, the Foundation supplies the hospital with information on how the funds were spent The Foundation is audited each year and the hospital understands that sufficient tests are performed to assure the hospital that the information provided about transactions is accurate

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Additional Data Return to Form

Software ID:
Software Version:
EIN: 94-0382330
Name: CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
FRANK TIEDEMANN	(I) (II)	501,894	143,127	4,640	125,000	24,803	799,464	
pAMela FRIEDMAN	(I) (II)	174,000	75,400	281,840		4,648	535,888	
DOUGLAS T MYERS	(I) (II)	347,484	99,094	45,680	1,095	24,083	517,436	
B Bradley BARBER	(I) (II)	265,534	13,052	8,261	22,318	2,081	311,246	
George S BRIETIGAM	(I) (II)	221,336			17,729	14,094	253,159	
mARY DEAN	(I) (II)	294,904	84,098	33,524		14,975	427,501	
carolyn DOSSA	(I) (II)	183,048	13,012		5,580	23,202	224,842	
Jacquelyn Garman	(I) (II)	250,329	71,684	1,395	10,980	14,812	349,200	
Ernest james grosskopf	(I) (II)	161,058	21,009		15,839	14,094	212,000	
jOHN HARDY	(I) (II)	156,357	5,000		10,602	14,138	186,097	
wILLIAM JACKSON	(I) (II)	199,992	12,269	6,647	6,644	14,975	240,527	
DONALD LIVSEY	(I) (II)	244,767	70,092	2,820	14,754	24,083	356,516	
bERTRAM H LUBIN	(I) (II)	346,798	99,311	43,158		24,083	513,350	
LAWRENCE MACK	(I) (II)	187,701	43,531	18,229		7,338	256,799	
VIPUL N MANKAD	(I) (II)	177,750	88,260	342,392		9,102	617,504	
NANCY SHIBATA RN	(I) (II)	200,353	57,135	4,764	12,570	24,803	299,625	
Diane Adair	(I) (II)	173,847	24,868		15,897	13,898	228,510	
ANN ALTAFFER	(I) (II)	167,784	23,489		15,302	13,930	220,505	
pATRICK FLEMING	(I) (II)	156,798	19,354		14,092	23,202	213,446	
Kathleen Gonzalez	(I) (II)	214,995	30,848		19,667	10,481	275,991	
jAYSHREE MERCHANT	(I) (II)	146,623	19,465		13,287	14,094	193,469	
COLLEEN REID	(I) (II)	163,490	22,656		14,892	23,202	224,240	
ALEXANDER H LUCAS	(I) (II)	232,839	33,408		21,300	18,716	306,263	
DAN M GRANOFF	(I) (II)	263,032			21,043	6,448	290,523	
JAMES SULLIVAN	(I) (II)	251,481			20,119	14,094	285,694	
BRENDAN S MURRAY	(I) (II)	247,722			19,818	18,716	286,256	
PIETER DE JONG	(I) (II)	237,168			18,973	23,202	279,343	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4a	Severance payments were made to Pamela Friedman and Vipul N Mankad in the amount of $260,000 & $304,346, respectively PART I, Line 4b The following individuals participated in a supplemental nonqualified retirement plan for the following amounts FRANK TIEDEMANN, $125,000 DOUGLAS T MYERS, $1,095 B BRADLEY BARBER, $22,318 GEORGE S BRIETIGAM, $17,729 CAROLYN DOSSA, $5,580 JACQUELYN GARMAN, $10,980 ERNEST JAMES GROSSKOPF $15,839 JOHN HARDY, $10,602 WILLIAM JACKSON, $6,644 DONALD LIVSEY, $14,754 NANCY SHIBATA, $12,570

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional Data Table

Identifier	Return Reference	Explanation
	Part I, Line 4a	Severance payments were made to Pamela Friedman and Vipul N Mankad in the amount of $260,000 & $304,346, respectively PART I, Line 4b The following individuals participated in a supplemental nonqualified retirement plan for the following amounts FRANK TIEDEMANN, $125,000 DOUGLAS T MYERS, $1,095 B BRADLEY BARBER, $22,318 GEORGE S BRIETIGAM, $17,729 CAROLYN DOSSA, $5,580 JACQUELYN GARMAN, $10,980 ERNEST JAMES GROSSKOPF, $15,839 JOHN HARDY, $10,602 WILLIAM JACKSON, $6,644 DONALD LIVSEY, $14,754 NANCY SHIBATA, $12,570

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Association of Bay Area Governments (ABAG)	94-3130123	00037CLY4	10-16-2007	1,085,000	Refunding Revenue Bonds		X		X
B	Association of Bay Area Governments (ABAG)	94-3130123	00037CLZ1	10-16-2007	1,130,000	Refunding Revenue Bonds		X		X
C	Association of Bay Area Governments (ABAG)	94-3130123	00037CMA5	10-16-2007	1,175,000	Refunding Revenue Bonds		X		X
D	Association of Bay Area Governments (ABAG)	94-3130123	00037CMB3	10-16-2007	1,220,000	Refunding Revenue Bonds		X		X
E	Association of Bay Area Governments (ABAG)	94-3130123	00037CMC1	10-16-2007	1,275,000	Refunding Revenue Bonds		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Association of Bay Area Governments (ABAG)	94-3130123	00037CLD9	10-16-2007	1,335,000	Refunding Revenue Bonds		X		X
B	Association of Bay Area Governments (ABAG)	94-3130123	00037CLE7	10-16-2007	1,395,000	Refunding Revenue Bonds		X		X
C	Association of Bay Area Governments (ABAG)	94-3130123	00037CMF4	10-16-2007	1,455,000	Refunding Revenue Bonds		X		X
D	Association of Bay Area Governments (ABAG)	94-3130123	00037CMG2	10-16-2007	1,525,000	Refunding Revenue Bonds		X		X
E	Association of Bay Area Governments (ABAG)	94-3130123	00037CMH0	10-16-2007	1,590,000	Refunding Revenue Bonds		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Association of Bay Area Governments (ABAG)	94-3130123	00037CLJ6	10-16-2007	5,235,000	Refunding Revenue Bonds		X		X
B	Association of Bay Area Governments (ABAG)	94-3130123	00037CLK3	10-16-2007	10,615,000	Refunding Revenue Bonds		X		X
C	Association of Bay Area Governments (ABAG)	94-3130123	00037CML1	10-16-2007	31,065,000	Refunding Revenue Bonds		X		X
D	Association of Bay Area Governments (ABAG)	94-3130123	00037CGU8	11-01-2005	30,000,000	Finance health facilities		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Frank Tiedemann Home Loan		X	100,000	42,067		No	Yes		Yes	
Frank Tiedemann Home Loan		X	100,000	60,000		No	Yes		Yes	
Total ▶ $				102,067						

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

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OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Emergency Medicine- Children's Hospital Oakland's level 1 pediatric trauma center and emergency department is the Bay Area's busiest It's also the Bay Area's only emergency department completely dedicated to the care of children and staffed 24/7 with certified pediatric emergency medicine specialists Orthopedics- The Department of Orthopedics at Children's Hospital & Research Center Oakland works with children from birth to age 18 to prevent or correct injuries and disorders of the skeletal system, and their associated muscles, joints and ligaments We are the busiest pediatric orthopedic department in the Bay Area, with more than 13,000 patient visits a year When a child fractures a bone, suffers a sports injury, or has a congenital disorder such as scoliosis or a neurological disorder such as spina bifida, it is important for him or her to see a pediatric orthopedist Pediatric orthopedists treat only children and address each child's future growth as part of the treatment plan This is how we help the child achieve the best functionality, and experience the least disruption to his or her normal activities At Children's Hospital Oakland, we treat lots of kids, with all kinds of fractures, congenital and traumatic hand injuries, problems due to cerebral palsy and scoliosis, as well as Legg-Perthes disease, limb disorders, dislocated hips, as well as other conditions Surgery- The surgery team at Children's Hospital & Research Center Oakland works with pediatricians, family physicians, Child Life specialists and other medical specialists to treat the whole child Our programs are designed to minimize the stress and discomfort of surgery while providing the highest level of pediatric surgical expertise for children, from the tiniest newborns through adolescence Our surgical practice encompasses the full spectrum of general pediatric surgery, including laparoscopic and endoscopic procedures Our surgeons have particular expertise in neonatal surgery, oncology, urology, thoracic surgery and are available around the clock for critical care situations involving traumatic injuries requiring surgical intervention Neurosurgery- Neurosurgery staff at Children's Hospital & Research Center Oakland provide a full range of inpatient and outpatient services for infants, children and adolescents with neurological disorders Children with brain tumors, spinal disorders, congenital anomalies, craniosynostosis, spasticity, and hydrocephalus are treated by our surgical team of experienced, pediatric neurosurgeons and our advanced-practice registered nurses skilled in the care of pediatric patients Our program is equipped with a computer-guided stereotactic neurosurgery station and neuroendoscope for minimally invasive, state-of-the-art brain surgery Our patients receive the finest post-operative care in the largest pediatric intensive care unit and neonatal intensive care unit in Northern California Transport teams are available to receive patients 24 hours a day Children's multidisciplinary neuro-oncology, spinal disorder, spasticity, and craniofacial programs ensure that neurosurgery patients at Children's Hospital receive complete, integrated outpatient care Gastroenterology- The department of Gastroenterology/Hepatology/Nutrition at Children's Hospital & Research Center Oakland provides care for children from birth to age 18 who have symptoms and diseases of the stomach, intestines, liver and pancreas Gastroenterology refers to the stomach, intestines and associated organs Hepatology refers to the liver Otolaryngology- Comprehensive diagnostic treatment services for children from birth to 18 years of age with ear, nose, throat, and laryngotracheal problems Services include all pediatric ENT services, and the Cochlear Impant Program A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard of hearing The implant is surgically placed under the skin behind the ear We have safely and successfully implanted the device in more than one hundred and sixty children Rehabilitation- The Pediatric Rehabilitation team at Children's Hospital & Research Center Oakland provides a comprehensive, integrated approach to caring for children, from birth through adolescence, who require hospitalization for medical reasons related to disability, or need intensive rehabilitation following illness or accident that has caused a loss of function Our collaborative team approach includes occupational therapists (OT), physical therapists (PT), speech and language pathologists, hand therapists, audiologists, physiatrists, orthopedic specialists, rehabilitation nurses and social workers This comprehensive approach assures that children will return to their previous functional status as quickly as possible or will gain the ability to do things they were not able to learn on their own Neurology- Neurology staff at Children's Hospital & Research Center Oakland evaluate and care for children from birth to age 18 who have disorders affecting the central nervous system, spinal cord, nerves, and muscles We have a comprehensive Epilepsy Center and work closely with the Neurosurgery staff to evaluate and manage care of children with brain tumors Pulmonology- The physicians and staff at the Division of Pulmonary Medicine treat kids, from birth to 21, with a broad range of breathing or respiratory health problems, from asthma, recurrent coughs and respiratory infections to allergies, dyspnea (shortness of breath) and other conditions Children's is a nationally certified Cystic Fibrosis Treatment Center and has a kids-only Sleep Lab Clinic capable of diagnosing and treating the most challenging cases of sleep apnea The comprehensive pulmonary function laboratory provides advanced pulmonary function testing using minimally invasive procedures designed to ease the child's fears and discomforts Nephrology - Nephrologists at Children's Hospital & Research Center Oakland provide care for children from birth through age 18 who have renal disease, long-term patients are seen up to age 21 years Nephrology deals with the function and diseases of the kidneys Urology- Children's Urology team provides comprehensive consultations for the diagnosis and treatment of children to age 18 who have problems relating to the kidneys, bladder and genitalia Our compassionate professionals specialize in treating defects of the urinary tract, such as hypospadias and epispadias (birth defects in boys in which the urinary tract opening is not at the tip of the penis), bladder exstrophy, ambiguous genitalia and obstructive uropathy (blocked urine flow) caused by urethral abnormalities Plastic Surgery- Plastic surgeons at Children's Hospital & Research Center Oakland evaluate and treat a wide range of plastic surgery problems in children from birth to 18 years, including congenital anomalies, acute traumatic injuries, and reconstruction following burns and other traumatic injuries Services include diagnosis and treatment of all congenital and acquired reconstructive problems, cranio-maxillofacial surgery, plastic and reconstructive surgery, and hand/microsurgery Ophthalmology- The Eye Clinic at Children's Hospital Oakland evaluates and treats eye problems in children from infancy through adolescence Our services include routine eye exams and treatment of all pediatric eye conditions Craniofacial- The Northern California Craniofacial Center at Children's Hospital & Research Center Oakland is among the nations leading centers for the treatment of craniofacial abnormalities in children from birth to 21 years The Center employs a team approach to craniofacial care, bringing together panels of nationally respected specialists from among the hospital's 31 pediatric specialties, who work together to customize treatments for each child The panel includes pediatric surgeons, dentists, ophthalmologists, orthopedic specialists, social workers, nutritionists and other related specialists who treat the whole child We provide comprehensive evaluation as well as therapeutic, surgical, and follow-up care, all specifically oriented toward the special needs of children We also serve as a resource for community physicians and families Craniofacial abnormalities occur when the proper development of bones in the skull and face is interrupted The results can lead to such deformities as eye and orbit deformities, nasal deformities or a cleft lip or palate, amongst others Audiology- The Division of Audiology at Children's Hospital & Research Center Oakland works with children from birth to 21 years to diagnose and treat hearing loss or impairment We have a specially trained team of audiologists and speech pathologists that offer cutting edge technology to help children improve hearing, speech and language Expenses $ 215981326 including grants of $ 690450 Revenue $ 127819067

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Endocrinology- The Division of Endocrinology and Diabetes at Children's Hospital & Research Center Oakland treats children from birth to age 18 who have all types of endocrine disorders Endocrine disorders include diabetes, hyperthyroidism and hypothyroidism, and other disorders of the endocrine glands Weight management and general fitness are used for children managing diabetes and other endocrine disorders Adolescent Medicine- The Adolescent Medicine/Teen Clinic at Children's Hospital & Research Center Oakland provides comprehensive medical, psychosocial and psychobiological services for kids ages 11-19 The clinic also treats females under age 11 who have reached physical maturity Children's Hospital has an adolescent medicine clinic near our hospital and two school-based clinics in Oakland high schools All three serve as national models for adolescent healthcare Our specially trained team looks at all aspects of an adolescent's life to help address the many medical and mental health issues that they face Students who are tired, sick, stressed, depressed, or struggle with health issues have the most difficulty succeeding in school Our interdisciplinary team of experts help students get back on track, offering a wide range of services dealing with issues such as asthma, obesity, mental health, gynecological care, sexually transmitted diseases, family planning, sports examinations, and physical and sexual assault Infectious Disease- Infectious Diseases staffers at Children's Hospital & Research Center Oakland provide treatment for a wide spectrum of bacterial, viral, fungal, and parasitic infections They also oversee investigation and prevention of nosocomial infections, exposures, and outbreaks in the hospital The HIV Program provides comprehensive treatment for HIV-infected and exposed children The TB clinic sees patients referred for treatment and exposure to tuberculosis The department also does clinical research, including conducting clinical trials A three-year accredited Pediatric Infectious Diseases Fellowship program is also available for clinicians wanting specialized training Speech & Language- Speech and Language specialists at Children's Hospital & Research Center Oakland diagnose and treat children from infancy through age 18 who have communication disorders, hearing problems or speech impediments Center for Child Protection- The Center for Child Protection at Children's Hospital & Research Center Oakland offers a full range of medical and mental health services to children and adolescents impacted by abuse and/or exposure to violence As the designated site for forensic medical services in Alameda County, our medical staff conducts forensic medical evaluations for possible child abuse or neglect of children from birth to 18 years of age We have a special program called the D O V E S Project that offers education, screening, counseling and advocacy services to battered caregivers and to children exposed to domestic violence Medical genetics- The Division of Medical Genetics provides consultation services for children from birth to 18 years Working in collaboration with the Craniofacial Center, the Department of Behavioral and Developmental Pediatrics and the research institute, clinicians evaluate children who are at risk for or have evidence of genetic disorders Adults with some types of genetic conditions may also be evaluated Development and Behavioral Pediatrics- Development and Behavioral Pediatrics staff at Children's Hospital & Research Center Oakland provide evaluation, diagnosis, treatment and referral services for children who have or who are at risk for developmental delay, developmental disabilities, behavior disorders and learning problems An essential part of the services we offer is support and education for parents Psychiatry- Compassionate professionals in the Division of Psychiatry at Children's Hospital & Research Center Oakland offer a full range of outpatient psychiatric and psychological services for children up to age 18 and their families, as well as consultation/liaison and supporting clinical services to inpatients and staff Children's multidisciplinary team of psychiatrists, psychologists and social workers treat children from many backgrounds and with a wide variety of conditions, including adjustment disorders, affective disorders, developmental delays, depression and learning disabilities

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A draft of the Form 990 is reviewed by senior management, including the Chief Executive Officer and the Chief Financial Officer Following this review, any changes are incorporated and a new draft is submitted to the Finance Committee of the board Following this review, new revisions are made and a new draft is submitted the Board of Directors for a last review and revisions prior to submision to the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All employees are required to sign a conflict of interest statement at time of employment that certifies they are aware of, and are in compliance with, this policy Employees involved in direct purchasing decisions, and all managers, are required to submit a disclosure statement annually to affirm that they are in compliance with Children's Hospital's Conflict of Interest policy, have read and understand the policy, have agreed to comply with the policy, and will refrain from any actual or apparent conflict of interest Any potential or actual conflict will be reviewed by the Corporate Compliance Officer (CCO) or the Vice President of Human Resources The Conflict of Interest Statement will be completed annually and will be maintained as part of the employees' personnel file and monitored as part of the annual Performance Evaluation Any situation regarding an employee, buyer, or manager, which is unclear as to whether or not an actual or potential conflict of interest exists, is to be discussed by the appropriate Divisional Vice President, and/or the Vice President of Human Resources, with the individual involved If necessary, the matter may be referred to the CCO and/or Corporate Compliance Committee (CCC) for final decision All members of Children's Hospital Board of Directors must sign a Conflict of Interest statement annually Any conflict or potential conflict, regarding a Board member, will be addressed as outlined in Children's Hospital Bylaws All researchers must comply with the disclosure of potential conflicts of interest when applying to the IRB to do a clinical study Any conflicts must be approved by IRB, or subcommittee of IRB, in accordance with IRB Policies and Procedures See IRB Policies and Procedures Children's Hospital employees working at CHORI will also be required to meet CHORI Conflict of Interest policies and complete a CHORI Conflict of Interest Statement if applicable under CHORI Departmental Policy

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation recommendations for the CEO and Senior Vice Presidents are made by the Executive Committee (Compensation Committee) of the Board of Directors with the input of an independent consulting firm, FutureSense, Inc Those recommendations are approved by the Executive Committee on behalf of the Board per Board delegation and are recorded in the minutes FutureSense, Inc specializes in healthcare compensation and has substantial expertise in executive compensation The recommendations include comparisons to benchmark market compensation for comparable positions for base and total compensation FutureSense, Inc completes an annual report on the compensation of all executives which is provided to the Board each July/August That report provides benchmark market comparisons on both base and total compensation This report is an agenda item that is documented by the minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		One must submit a written request for the financial statements to the Controller and a copy will be sent to the return address California law requires that the corporation file its Articles of Incorporation (and any amendments or restatements with respect thereto) with the California Secretary of State Children's has done so Copies of the Articles can be obtained by members of the public through the office of the California Secretary of State There is no legal requirement that the corporation provide copies of its governance documents directly to members of the public The issue of whether the corporation should voluntarily make these documents available for review is being reviewed by the Governance Committee of the Children's Board of Directors One must submit a written request to the Risk Management department for the conflict of interest policy and a copy will be sent to the return address

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2 and Part IV, Line 12	Audited Financial Statements	The organization's audited financial statements are prepared on a consolidated basis Per IRS instructions, Form 990, Part XI, Line 2 and Part IV, Line 12 have been answered "no" However, the organization has separate financial information reported in the supplemental schedules to the consolidated audited financial statements This separate financial information is the basis for the reconciliation at Schedule D, Parts XI, XII, & XIII

Identifier	Return Reference	Explanation
Form 990-T	Unrelated Business Taxable Income	In prior year, this organization has filed form 990-T to report rents received from a controlled organization, Children's First Healthcare Network During the year ended December 31, 2008, Children's First Healthcare Network was in the end stages of winding up and dissolving and did NOT pay rent to Children's Hospital and Research Center Oakland Therefore, this organization will Not file form 990-T for the year ended December 31, 2008

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Employer identification number
94-0382330

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
715 53rd Street LLC 747 52nd st Oakland, CA 94609 94-0382330	Real estate	CA	-800	0	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Children's Hospital Branches Inc 5700 Martin Luther King Jr Way T-2 Oakland, CA94609 94-2227650	Fundraising	CA	501(c)(3)	7	N/A
Children's Hospital & Research Center Foundation 2201 Broadway Suite 600 Oakland, CA94612 94-1657474	Fundraising	CA	501(c)(3)	11a	N/A
Children's Hospital Oakland Family House 5222 Dover St Oakland, CA94609 94-2909976	Temporary lodging for patient families	CA	501(c)(3)	7	N/A
Bay Children's Physicians 747 52nd Street Oakland, CA94609 86-1175591	Medical foundation	CA	501(c)(3)	11a	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Child Health Investment I LLC 6803 West 64th Street Shawnee Mission, KS66202 48-1223716	venture capital fund with the purpose of investing for capital appreciation	CA	N/A	Investment	-275	14,148		No			No
Child Health Investment II LLC 6803 West 64th Street Shawnee Mission, KS66202 48-1218750	venture capital fund with the purpose of investing for capital appreciation	CA	N/A	Investment	-29,293	79,757		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Children First Healthcare Network 747 52nd Street Oakland, CA94609 94-3212147	Physician Hospital Organization	CA	N/A	C	5,090	198,454	100 000 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	No
c	Gift, grant, or capital contribution from other organization(s)	1c Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p Yes	
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Children's Hospital & Research Center Foundation	C	4,000,000
(2)	Children's Hospital & Research Center Foundation	P	4,060,205
(3)	Children's Hospital & Research Center Foundation	R	8,503,504
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No